

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS AA (AMBULATORY)

Facility Information

Facility Name: EDGEWOOD MANOR (410026)
Address: 1101 NORTHLAND TERRACE LANE, MARINETTE, WI 54143
License Status: REGULAR
Licensed/Certified/Registered 10/01/1987
Regional Office: NORTHERN REGION (RHINELANDER), (715) 365-2800

Survey History

Survey ID: 0096476 **End Date:** 02/14/2006 **Type:** OTHER **Purpose:** COMPLAINT/SELF REPORT

Results: STATEMENT OF DEFICIENCY ISSUED

Statement of Deficiency: #10009510 Served 03/04/2006

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.32(2)(a)	INDIVIDUALIZED SERVICE PLAN-SCOPE		
83.32(2)(c)2	ANNUAL EVALUATION UPDATED		
83.33(2)(g)3	CBRF ARRANGE HEALTH VISITS AND DOCUMENT		
83.33(4)(f)	MONITORING SYMPTOM STATUS		

Survey ID: 0092973 **End Date:** 07/08/2004 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009306 Served 07/24/2004

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.14(7)(b)	CONTINUING EDUCATION	02/14/2006	Yes
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	02/14/2006	Yes

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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Enforcement History

Date: 07/23/2004 **SOD #**10009306 **Appealed:** No

Sanctions

COMPLY WITH REQUIREMENT
FORFEITURE---83.14(7)(b)

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Complaint History

Date Complaint Received: 11/03/2005

Date Investigation Completed: 02/14/2006

<u>Subject Area(s)</u>	<u>Result</u>	<u>SOD #</u>
RESIDENT BEHAVIOR/FACILITY PRACTICE	SUBSTANTIATED	10009510
PROGRAM SERVICES	SUBSTANTIATED	10009510

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